IPE		PART B	- FEE(S)	TRANSMIT	TAL			
Complete and send this form, together with applicable fee(s), to: Mail					Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450			
Æ/			or l		73-2885 Č			
TRACTICATED unless corrected maintenance fee notification	below or directed otherwise ns.	in Block 1, by (a)	E FEE and lers and noti specifying			red). Blocks 1 through ill be mailed to the cand/or (b) indicating	ch 5 should be completed whe current correspondence address a separate "FEE ADDRESS" f	
	CE ADDRESS (Note: Use Block I for	rany change of achiress)	•	Fee(s) Tri papers, E	ansmittal. The	is certificate cannot be Il paper, such as an ass	used for domestic mailings of t used for any other accompanyi signment or formal drawing, m	
	590 10/04/2005			have its o	wn certificate	of mailing or transmis	ssion.	
JAMES RICHA 58 BONING RD FAYETTEVILLE				I hereby of States Po	Cer certify that the stal Service v	tificate of Mailing or is Fee(s) Transmittal i with sufficient postage	Transmission is being deposited with the Unit for first class mail in an envelo ddress above, or being facsim the date indicated below.	
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APPLICATION NO.	FILING DATE	F	IRST NAME	D INVENTOR	٧	ATTORNEY DOCKET	NO. CONFIRMATION NO.	
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CFR 1.363). Change of correspon Address form PTO/SB/i "Fee Address" indica	e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	(1) the nar or agents ((2) the nar registered 2 registere	nting on the patent mes of up to 3 reg OR, alternatively, me of a single firm attorney or agent) and patent attorneys name will be printer	istered paten (having as a and the nam or agents. If	t attorneys 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ames Kichao	
	RESIDENCE DATA TO E an assignee is identified be a 37 CFR 3.11. Completion			4 ,.,	If an assign	ee is identified below,	, the document has been filed i	
(A) NAME OF ASSIGN	•		_	E: (CITY and STA				
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4a. The following fee(s) are	enclosed:		Payment of					
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non.				Payment by credit card. Form PTO-2038 is attached. The Director is hereby approved by coloring the required fee(s), or credit any overpayment, to Deposit Account Number				
	(from status indicated above		Deposit Acc	ount Number	ひううろ	(enclose an	extra copy of this form).	
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	🔾 b. Applic	ant is no longer cla	aiming SMAI	LL ENTITY status. See	e 37 CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss ublication Fee (if required) ords of the United States Pat						application identified above. it; or the assignee or other party	
Authorized Signature	Authorized Signature Cases Hahal				Date	ecomber 6	, 2005	
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